

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS



Name of facility: Lemon Creek Correctional Center	
Physical address: 2000 Lemon Creek Road, Juneau, Alaska 99801	
Date report submitted: September 15, 2014	
Auditor Information	
Address: Alana Bruns 24499 SW Grahams Ferry Rd., Wilsonville, OR 97070	
Email: Alana.r.bruns@doc.state.or.us	
Telephone number: 503-570-6705	
Date of facility visit: August 11 & 12, 2014	
Facility Information	
Facility mailing address: (if different from above)	
Telephone number: 907-465-6200	
The facility is:	<input type="checkbox"/> Military <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Private for profit <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Private not for profit
Facility Type:	<input type="checkbox"/> Jail <input checked="" type="checkbox"/> Prison
Name of PREA Compliance Manager: Kenneth Hoff	Title: Lieutenant
Email address: Kenneth.hoff@alaska.gov	Telephone number: 907-465-6200
Agency Information	
Name of agency: Alaska Department of Corrections	
Governing authority or parent agency: (if applicable)	
Physical address: 550 West 7th Avenue, Suite 1800, Anchorage, Alaska 99501-3570	
Mailing address: (if different from above)	
Telephone number: 907-761-5622	
Agency Chief Executive Officer	
Name: Bryan Brandenburg	Title: Deputy Director
Email address: bryan.brandenburg@alaska.gov	907-761-5622
Agency-Wide PREA Coordinator	
Name: Johnnie Wallace	Title: STG Coordinator/PREA Coordinator

Telephone Number:	907-761-5623
Email address: Johnnie.wallace@alaska.gov	

AUDIT FINDINGS

NARRATIVE:

The PREA Audit of the Lemon Creek Correctional Center (LCCC) was conducted from August 11-12, 2014. (When referring to "the facility," unless otherwise noted, this term is intended to reference Lemon Creek Correctional Center). The Designated Auditor, Alana Bruns, was assisted by Shamroque Alvis-Hill and Robert Real both are Certified PREA Auditors, and Erika Sage ODOC Agency PREA Coordinator.

The audit team wishes to extend its appreciation to Superintendent G. Scott Wellard and Lieutenant Kenneth Hoff and their staff for the professionalism, hospitality, and kindness they showed the audit team.

The audit team also wishes to compliment the DOC PREA Coordinator, Johnnie Wallace for his outstanding work in organizing and assisting us with the requested information prior to and during the audits. This enabled the audit to move forward very efficiently

The Alaska Department of Corrections PREA Coordinator, Johnnie Wallace was interviewed in person by both Alana Bruns and Shamroque Alvis-Hill on August 7, 2014 the agency Contract Manager, and the Human Resource Manager were interviewed by Alana Bruns and Shamroque Alvis-Hill on August 14, 2014 via telephone.

On August 18, 2014, the Designated Auditor, Alana Bruns, interviewed the Director of Corrections, Mr. Bryan Brandenburg, via telephone.

Following the Entrance Meeting, the audit team was given a very thorough tour of the Lemon Creek Correctional Center. Following the tour, the audit team began the interviews and reviews of investigative files and other documents.

At least one offender from each housing unit was interviewed. Those interviewed were randomly selected, by the auditors, from a list of all the offenders in the facility. In addition, offenders who were identified as being in a designated group (i.e., disabled, limited English speaking ability, gay, or who had reported a sexual abuse, etc.) were also interviewed.

At least 10, randomly selected, correctional officers and other identified specialized staff were interviewed, including the Superintendent, PREA Compliance Manager, first responders, health care providers, and mental health professionals.

The audit team was impressed by how knowledgeable the correctional officers and other staff were about PREA, offender rights regarding PREA, first response, and evidence collection. There are a few staff who would benefit from a "refresher" training in specific areas, but the vast majority of staff clearly understand PREA and the agency's commitment to it.

Health care and mental health services that provide services to the offenders at LCCC are very professional and knowledgeable with regard to their responsibilities when responding to PREA allegations and the protocols for follow up and treatment.

When the on-site audit was completed, the audit team conducted an exit meeting. The audit team did give an overview of the audit and thanked the Lemon Creek Correctional Center staff for their hard work and commitment to the Prison Rape Elimination Act. The audit team made some recommendations at that time to the Superintendent and PREA Compliance Manger and offered any assistance needed in making improvements or changes.

DESCRIPTION OF FACILITY CHARACTERISTICS:

On the first day of the audit, the Count was 232 offenders to include male and female inmates. Housing units are a mixture of dormitory and celled housing units with indirect supervision.

In addition to those already mentioned, there is also a medical and mental health care section, indoor gymnasium, a programs area, the dining hall, an intake area, and the administrative area. All the areas were clean and orderly. There is also a laundry/industries building and physical plant building.

The Lemon Creek Correctional Center has 222 beds. Offenders assigned to the facility are given work details and programming assignments.

SUMMARY OF AUDIT FINDINGS:

The audit found that the Lemmon Creek Correctional Center does not meet all of the PREA Prisons and Jail Standards.

Number of standards exceeded: 0
Number of standards met: 18
Number of standards not met: 25

Standard number here STANDARD INSERTED HERE 115.11
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The agency’s DOC PREA policy does meet the standard however, should elaborate on all forms of sexual abuse and harassment to reflect sexual harassment perpetrated by staff on inmate.

Standard number here

STANDARD INSERTED HERE **115.12**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Recommend elaborating on the contract language with these entities, defining the responsibilities outlined in this standard.

Standard number here

STANDARD INSERTED HERE **115.13**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Place the unannounced rounds standard in policy or procedure statewide. Conduct a staffing plan where PREA Compliance and prevention are considerations within the plan. The agency and facility will need to prepare a staffing plan that addresses all requirements within the standard.

Standard number here

STANDARD INSERTED HERE **115.14**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Not Applicable - This standard is not applicable as Lemon Creek Correctional Center does not house youthful inmates.

Standard number here

STANDARD INSERTED HERE **115.15**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The cross gender pat down training should be included in the annual in-service training provided to all DOC staff. Through inmate and staff questionnaire it was verified that staff of the opposite gender are knocking and announcing their presence, although it is not in policy.

Standard 115.16

Meets Standard - Lemon Creek does not allow inmate interpreters and has an agreement with an interpreter service. Recommend that this language be in policy.

Standard 115.17

Does Not Meet - The agency needs to identify and implement a process for conducting criminal background checks of current employees, contractors, and volunteers at least every 5 years who have contact with inmates.

Standard 115.18

Meets Standard - Plans For any future to improve monitoring systems or make modification to facility or upgrades consideration to the PREA Standards will need to be considered.

Standard 115.21

Does Not Meet - Alaska DOC conducts administrative investigations. The Alaska State Troopers conduct all criminal investigations. ADOC should have in writing their request to Alaska State Troopers the requirements of the standard to comply with the PREA standards when conducting their investigations on behalf of ADOC agency wide.

Standard 115.22

Does Not Meet - There currently is not a publication that describes the investigative responsibilities of either the Department of Corrections or the Alaska State Trooper as there is not a MOU in place that covers and outlines each agencies responsibilities with regard to criminal investigations.

Standard 115.31

Does Not Meet - All current staff have not been trained in accordance with the PREA Standards (within 1 year of the implementation of the PREA Standards.) The training developed does not include 9 & 10 of 115.31 (a).

Standard 115.32

Does Not Meet - Volunteers and contractors have not had the PREA training as of August 2014, however the curriculum has been developed and meets the requirements of the standard.

Standard 115.33

Does Not Meet - The inmate stock population that were housed at Lemon Creek prior to the publication of the new standards, need to be educated on the new curriculum. This education needs to be documented. This auditor recommends more visible posters both in English and in Spanish throughout the common areas and housing units. Flyers or pamphlets for inmates with ways to report and phone numbers to the outside agencies that receive allegations. Also including advocate services and resources.

Standard 115.34

Does Not Meet - The facility nor the agency has a specialized investigative unit. Employees who conduct administrative PREA allegation investigations are usually upper level management. Based on interviews, no person with the responsibility of conducting administrative investigations has received specialized training on how to conduct interviews and investigations of sexual abuse incidents agency wide. Investigators must be trained in conducting investigations in confinement settings as per 115.34(b)

Standard 115.35

Does Not Meet - Need to provide and or retain documentation that all current employees have been educated on the PREA Standards. Although medical staff were very knowledgeable and clearly understood how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and whom to report allegations to.

Standard 115.41

Does Not Meet - The agency has suspended the use of the screening tool until further notice shortly before our arrival at the institutions. They were unsatisfied with the screening tool's scoring system. The screening tool covers all the criteria set forth by the standard. However, adjustments are being made to the scoring. This auditor does recommend that the screening tool be implemented immediately even if the scoring is askew. The tool can still be utilized to determine potential vulnerability or aggressiveness until the scoring system is revised. Once the tool has been revised, the agency shall implement its use and develop a tracking system to re-assess inmates within 30 days of their initial screening.

Standard 115.42

Does Not Meet - The agency/facility does not use information from the risk screening required by 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive because the agency at this time, does not currently use their screening instrument until it has been revised to reflect a scoring process. The placement and programming assignments of each transgender or intersex inmate is not being reassessed at least twice each year to review their safety.

Standard 115.43

Does Not Meet - Lemon Creek Correctional Center has not placed any alleged or actual victim in segregation. That is not the agency's practice and would consider any alternative housing before assigning such inmates to segregation.

Standard 115.51

Meets Standard - Recommendation is to have more visible posters within the housing units and throughout program and education areas possibly adding phone numbers and resource information in the inmate handbook as well.

Standard 115.52

Does Not Meet - The facility nor the agency have a written policy or procedure outlining how to process inmate allegations of sexual abuse or harassment through the grievance system. The Agency will need to determine if they are going to implement this standard into their policy or make changes to their policy that indicate that the grievance system will not be an avenue for inmates to report sexual abuse or harassment. Recommend that the agency add language to the grievance policy the process of receiving a PREA allegation through the grievance system in accordance to the PREA standard. The other option would be to add language to the grievance policy that the agency does not handle PREA related grievances and outline the appropriate process if a grievance was submitted with regard to a PREA allegation.

Standard 115.53

Does Not Meet - The PREA Compliance Manger and Superintendent will need to be informed and educated on the MOU with the Alaska Family Services. This information will need to be introduced to staff and inmates and procedures set in place.

Standard 115.54

Meets Standard - Recommend the agency have this posted to their website either a hotline number or a way for family/friends of inmates to report sexual abuse or harassment.

Standard 115.61

Meets Standard - The agency policy requires and employee, staff, contractor or volunteer to report any and all allegations of sexual misconduct, abuse or harassment. They are also obligated to abide by applicable mandatory reporting. All allegations are reported to the appropriate investigative party either internally or externally and all allegations are kept confidential to the extent necessary. All allegations are investigated to the fullest extent.

Standard 115.63

Does Not Meet - Agency shall place this standard and all its components in policy. During staff interviews, it was stated that they would report back to the facility where the incident occurred as soon as the report is received. They also document and would follow up with the facility to ensure the investigation is completed and to inquire about the outcome.

Standard 115.64

Meets Standard - All staff interviewed to include non-security, were very knowledgeable with respect to the protocol for responding to sexual abuse allegations and the collection or evidence.

Standard 115.65

Does Not Meet - It is the recommendation that a coordinated response be developed with all stakeholders and placed in writing.

Standard 115.66

Meets Standard - The agency has not entered into or renewed any collective bargaining agreements or other agreements since August 20, 2102. The director states they would not enter into any agreement which would prevent their agency from taking proper steps to hold accountable staff abusers.

Standard 115.67

Does Not Meet - The agency shall implement a tracking system to monitor retaliation perpetrated by staff and inmates. The process of the tracking system will need to be placed in policy.

Standard 115.68

Does Not Meet - The PREA Policy only refers to the alleged abuser and not the victim when it relates to segregated housing. Recommendation is to place this language into the policy outlining the process if involuntary segregation was utilized to segregate victim and abuser. Interviews did indicate that the facility would consider all other available means before housing victims in segregation.

Standard 115.71

Does Not Meet - The agency does not have an investigations unit or specialized staff that conduct internal PREA investigations. The staff conducting the initial PREA investigations, have had no specialized training. There is no written policy on retention procedures in place.

Standard 115.72

Meets Standard - Although this facility does not have investigative staff they do handle administrative investigations and findings at the executive level.

Standard 115.73

Does Not Meet - The facility nor the agency has an outlined process for informing inmate victims of the progress, progression, or outcome of the investigation. This standard and all its components shall be placed in policy and a system for informing inmate victims developed.

Standard 115.76

Meets Standard - When speaking with the director and the Human Resources manager, both verified that staff shall be subject to discipline up to and including termination for violating policy with regard to sexual abuse and harassment. The discipline will result in termination if found to be substantiated and shall commensurate with the nature and circumstances of the acts committed. All allegations of a criminal nature will be reported to law enforcement.

Standard 115.77

Meets Standard - The Facility meets this standard by holding accountable and reporting those that engage in behaviors such as sexual abuse and/or harassment.

Standard 115.78

Meets Standard - This standard is outlined in the inmate prohibited conduct and in policy.

Standard 115.81

Does Not Meet - The screening tool is not being utilized at this time. Therefore, information from the screening is not being followed up on within 14 days if there are indicators that there should be a follow-up by mental health providers within 14 days.

Standard 115.82

Meet Standard - Medical and Mental health staff are very knowledgeable and follow protocol with regard to unimpeded medical and mental health services to inmates who have been abused. Inmates who have been abused will be immediately referred to the local hospital for treatment and follow up care will be administered at the facility once the inmate returns.

Standard 115.83

Meets Standard - When interviewing medical staff, they report when they receive a referrals through security or another area of the facility they will immediately assess the inmate and determine a course of treatment for the individual. Medical staff also indicated they work closely with Mental Health staff and would also have the individual assessed by Mental Health Providers. All victims are referred to the local hospital for treatment to include treatment for STD and pregnancy at no cost to the inmate.

Standard 115.86

Does Not Meet - The facility nor the agency has an outlined process for conducting incident reviews to consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; to examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; Assess the adequacy of staffing levels in that area during different shifts; Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

Standard 115.87

Does Not Meet - The agency has a newly developed data base that is not automated as of this date. The agencies system does encompass all requirements in this standard.

Standard 115.88

Does Not Meet - Once the newly developed data base comes on line, it will be the requirement of the agency to collect and report the appropriate information to DOJ and publish such information on the agency’s web-site on a yearly basis. It is also required that the information obtained by compared to the previous year’s information to assess and improve the agency’s efforts to detect, prevent, and improve current practices.

Standard 115.89

Does Not Meet - The agency shall have the aggregated data collected yearly available on their website.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

__Alana R. Bruns_____

__2-9-15_____

Auditor Signature

Date